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**Mental Capital and Wellbeing:
Making the most of ourselves in the 21st century**

**State-of-Science Review: SR-X5
Comparative Cultural Perspectives on Wellbeing**

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Summary

This review focuses on the insights to be gleaned about the nature and causes of wellbeing from research in social anthropology. It stresses that the whole notion of 'wellbeing' is not common and absolute, shared by all communities and at all periods of history. Indeed, in the Western world, it is a relatively recent concept. There is a need to take a strongly cross-cultural perspective in order to understand local variants of wellbeing in their proper context. Three common, near universal, themes do emerge, however: material security; health status; and the nature of stresses and adversity such as external threats or illness. The role of religion is explored as a mediator of wellbeing, as are the trend towards depressive symptoms and the relevance to wellbeing of migration and problems of socio-cultural adaptation.

1. Wellbeing and culture

Social anthropology is especially concerned with values and modes of thought and social organisation which are local rather than universal. Being interested in social process rather than the individual, we have seldom explored questions relating to individual wellbeing. Frequently, the discipline's more general theories and interpretation are derived from some particular idea or understanding found in one community or in a group of culturally-related communities. Thus, we might start from an Islamic view of *baraka* (the mystical inheritance, power and wisdom of a saint) and then map it across what might seem to be similar ideas elsewhere, such as sanctity, charismatic authority or chiefship. At times the local idea selected, such as *taboo*, might only imperfectly match apparently similar ideas elsewhere (here authority, aura, inherited power, the prohibited, the unclean) (Evans-Pritchard, 1965).

So, we cannot assume that a western concept like 'wellbeing' is necessarily articulated or recognised by all, or indeed many, groups, as others such as Halpern (2008) have also argued. One can, of course, argue for a rather different approach, which includes a professionally defined western ('etic') set of characteristics, such as access to uncontaminated water and education, the recognised chance of fulfilling one's aspirations, health and long life, the absence of conflict and violence and so on, and then evaluate the community concerned to see whether these seem to be present. (Many of them might of course be recognised by the people concerned). But that is essentially the procedure of social epidemiology and psychology rather than of social anthropology which stays close to the explicit understanding of the people concerned.

As may be expected, psychologists recognise subjective psychological measures as well as objective, economic measures (Helliwell, 2003), though leaving us afterwards with uncertainty about the dependent variable (wellbeing). Ignoring personality attributes which are generally independent of external contingencies, a study using the World Values Survey (1980s-1990s) found that the most significant associations were with health, employment (especially in OECD countries), married status, age (younger and older adults – as opposed to the early middle-aged) and the feeling that one could trust others (Helliwell, 2003). Education had less immediate effect (but this author argues that it may be influential through other variables). Extending earlier work on industrialised societies, Biswas-Diener and colleagues (2005) look at three non-industrialised communities – Inuit, Amish and Masai – to find comparable rates of positive life ratio faction, domain satisfaction (food, housing, friends, health, etc) and affect balance (having more frequent 'positive' than 'negative' emotions). They note that the Amish report less 'self-satisfaction' and that this might follow religious values which downplay pride and self-promotion.

And here we have the nub of the problem: the measure itself. 'Wellbeing' appears as a rather recent, individualised, psychological and universal concept which would not have had any immediate relevance in earlier periods of European history. Perhaps close approximations might be 'health', 'happiness', 'prosperity', or 'fitness'. The earliest OED reference to it, in the 17th century, tends as now to a notion of it as a

living system functioning in a satisfactory and healthy manner. Recently it appears to have become more subjective and psychological, something perhaps closer to 'happiness' (Kraut, 2007). Whichever emphasis we take, we can only find approximations to the current English usage in other societies, though Western European countries are likely to have close cognates (Fr. *bien-être*; Sp. *bien andanza*, *bien estar*, but also *felicidad* or happiness, luck).

In current usage, the term has an individualistic and felicific connotation which appears unlikely to have universal significance. If, however, we are talking of ethnic minority groups in the United Kingdom, they will presumably come to a more 'English' usage. But we cannot expect this in other societies, or with recently arrived immigrants, whose ideas of a satisfactory life might be couched more in terms of traditional ethical or normative values ("Do I have the freedom to practise my usual religious observances?"). Or they may embrace aspects which might seem surprising from our usual starting point (for example, appropriate food: Gray, 2007), or some more abstract value such as 'identity' which only emerges as a salient issue when such identity is in competition with others. 'Wellbeing' may be relatively trivial to the observer. In the late 1970s when there was a good deal of concern in Britain over overt racism and police practice, the single major concern of black people in Britain appeared to be the weather (Littlewood and Lipsedge 1997, p142).

2. Need for cultural comparisons

It seems, then, that any assessment should be couched in comparative, rather than absolute terms: i.e. "Which is more important for you – your physical health, or your ability to practise your religion freely (best to give a specific instance), or a prosperous future for your children?" And even so, whilst such a question might pose few difficulties for the Anglo-British, just putting together such disparate items in a questionnaire might pose problems for someone coming, from, say Bangladesh: for example "How can I rate God against my son?" We cannot use such simple, single measures of 'religion' across cultures as church attendance (e.g. Helliwell, 2003).

Certainly, if we wish to convert the measure of wellbeing into a 'felicific calculus' ("What would make you more happy?"), we would meet the objection that happiness was less important than how one should or could behave. So we might prefer to ask the questions "What would facilitate the marriage of my son to his uncle's daughter?" or "How might I gather enough money to go on pilgrimage?" (i.e. Hajj). In other words, the answers to our questions will be public and the goals fairly modest, and would not single the person out from their community. As to private goals (fame, significant wealth), these only become salient and describable with a degree of acculturation or for those with a more cosmopolitan ethos.

A perspective from my fieldwork with blood feuding clans in Northern Albania where the feud is regarded as a normal, even laudable and enjoyable, enterprise: families with a recently-killed member appeared to mourn only briefly and slightly, and then to set about the immediate business of return killing (Littlewood, 2002). So, no grieving, no post-traumatic stress disorder? But on close questioning the women of the community, while subscribing to the public male ethos of the feud, would privately confide their distress to me and even question the whole point of the blood feud. Similarly, post-civil war work in East Africa questions the assumption of a universal post-traumatic stress response in families hit by the killing of their relatives (Bracken and Petty, 1998; Summerfield, 1999), for many of those affected argue for a simple alleviation of their community's present dire, material circumstances.

Without getting into the longstanding anthropological debate on the development of a 'psychological mode of thought' among small-scale rural, 'traditional' societies (Heelas and Locke, 1981), two points emerge from these instances:

- a) The necessity of distinguishing public (generally 'male') values from any private aspirations.
- b) The extent to which 'wellbeing' is really seen by the Anglo-British community in an individualistic, open, aspirational and psychologised way. Triandis (2000) argues that individualism necessitates an emotional norm at 'positivity'.

3. Pragmatism in immediate concerns

We have explored the difficulties of coming to some rather general notion of wellbeing as experienced and articulated by all communities. But we can emphasise three very common, and near 'universal', issues in how people actually spend their time:

- i) *Material security*: Ensuring sufficient material resources as perceived by the community as a whole, and hence emphasising their precursors – consistent and favourable weather, the ability to make sensible and productive choices in planning for the future, and hence perhaps for education and health.
- ii) *Health*: Personal, physical good health, as seen in an absence of sickness rather than as prophylaxis or some idealised state of personal physical being (Janzen, 1978). Typically, those who seek healing for an illness adopt a pluralistic approach, trying and testing a number of different local practitioners, comparing their immediate efficacy, not caring about discarding the one who seems less successful for another (Janzen, 1978; Littlewood, 2007). And the same often applies to local attitudes to pharmaceutical drugs – tasting them, comparing them, exchanging them, taking them for a few days – only to discard them if they do not meet expectations (Littlewood, 1993). And in the move towards professionalisation of traditional practices (Last and Chavenduka, 1985), western concepts of relative efficacy, professional ethics and safety only slowly emerge.
- iii) *Invidia*: Related to both of the above are the constant threats of others, jealous, envious or competitive, who attempt to thwart by sorcery or spirit attack. It is common for a poor West Indian farmer or African under adverse circumstances, disaster or illness beyond a tolerated limit, to immediately look for a malevolent agent in the local community rather than to blame some more generalised, depersonalised process (Littlewood, 1993). This search for malevolent agents might then extend to public officials etc.

Perceived 'wellbeing', then, in small scale, non-industrialised, person-to-person communities depends on the action of specific agents, coupled with social or magical techniques to counter any malevolence.

4. Anomie: the possible role of religion

Beyond such local and immediate preoccupations, anthropologists have also looked at the considerably more nebulous ideas of 'identity' and 'anomie' with an assumption that periods of social disintegration and migration might threaten that whole coming together of values, behaviour, the imponderables of everyday life, kinship, sociality, locality, relative security, the supernatural, and morality, which constitute a culture, to lead to a more disenchanting world of uncertainty, isolation, anomie and moral confusion. And thus they have looked at the role of religions, and especially new religions, in holding together or revitalising periods

of moral chaos (Wallace 1956a; 1956b). These are periods when a set of new ideas or moral grouping enable self, society and others to again share some more harmonious world, in which the daily routine once again takes its place in a shared system of morality, meaning, practice and ecology. Such arguments in anthropology inevitably depend on a historical and social perspective, rather than on something resembling a controlled experiment. The use of the term 'anomie' largely derives from the social scientist Durkheim, but earlier approaches such as those of Marx are still relevant.

Wellbeing inevitably includes the role of religion as a mediator and context for a world without anomie. Thus, we might study how the lackadaisical Muslim becomes the enthusiastic militant: what parts of his life have changed, and how a single set of values and practices may touch each one. How does the working-class Anglo-Briton or Caribbean feel their everyday life is enhanced, or made meaningful, when they become a Pentecostalist or Adventist? What has changed – their physical health (and the health of religious practitioners has been argued to be better than that of their coevals – Shafranski, 1996), their ideas of a family, their experience of a family, social cohesion, ideas of chance and choice, futurity, salvation? And what else?

We might expect that, as immediate physical needs are met, the search for meaning becomes more significant. What in modern Britain would serve as a secular equivalent to such revitalisation – locality-based community and activity groups, political process, civic action? Just how does joining a protest, or a political or health issue group, assist the insulted, aggrieved or bereaved? How does the response to adversity reinvigorate self and others? How might the socially or politically engaged become more healthy physically (a question perhaps for the psychoneuroimmunologists who try to discover mind/body mechanisms)?

The consequences of Methodism for the 18th and 19th century white working class might offer some parallels. How much does the new dispensation argue for a physical (as well as spiritual) healing (as it formerly has for muscular Christianity or the 'New Jew')? And how much in the search for greater expediency and efficiency, with its fragmentation of ethics, work and leisure and the contemporary pursuit of a private self, can we attempt to put the pieces together (in what is sometime rather facilely called a 'holistic' process) such that choice becomes accepted and tacit? There is considerable evidence that personal satisfaction and happiness are greater where there is either a traditional moral system or some shared social and moral set of values (Desjarlais et al., 1995). How can the 'bits' become a lived whole?

5. Depressive symptoms: a future prospect

The World Health Organization and other bodies have proposed that, in the near future, the greatest health risk to productivity and life satisfaction will be depression (Desjarlais et al., 1995; WHO 2001). Not depression in the extreme clinical sense, but what is sometimes called *dysthymia* – a loss of a sense of energy, certainty and happiness, unsatisfactory social and marital relations, self-doubt and uncertainty, sleep disturbances and poor eating, non-specific aches and pains, gloom and foreboding, and frequently suicidal thoughts and actions.

This has long been argued to be associated with the loss of close and continuing face-to-face social relations in the context of industrialisation and colonisation (Laslett, 1990; Fortes and Meyer, 1969). Wider 'choice' does not necessarily make for greater contentment; more probably the converse. Whether 'depression' can be categorised as a universal state of feeling and emotion has been a controversial issue (Kleinman and Good, 1985). Certainly it seems that, with monotheisms, globalisation and Westernisation, the self becomes more psychological and the bodily disturbances consequent upon incidental trauma and stress are supplemented by a sense of personal worthlessness and guilt. As with post-traumatic stress, the western emphasis on psychological therapies – or at least on a cultural climate in which psychological idioms and experience are privileged – may paradoxically lead to an increased uncertainty and pain now couched in psychological ways.

But, to emphasise again, whilst broad cultural comparison is useful in framing the question and getting beyond an assumption that British (or western) current experience is the default option, we are of course not talking of comparisons or coexistence of the industrial with the 'tribal', but of a set of cultural values to which all minority groups are gradually and inevitably adhering (Bryceson et al., 2006).

6. Migration and adaptation

Studies of migration and social change have the obvious advantage of introducing the question of comparison directly. Psychiatric anthropology has had much to say about migration and stress (Littlewood and Lipsedge, 1997). Early interest centred on how those who migrated to richer countries were typical or otherwise of the community they left. A general conclusion was that the more difficult it was to move (say to England from Pakistan), the more the migrant population was preferentially of resilient young adults with presumably more robust mental health – a fact born out by the use of the health services (Littlewood and Lipsedge, 1997). By contrast, the easier it was to migrate, the greater the chance that the migrating population had poorer mental health (Scots and Irish in England).

With the decline in large-scale immigration, these considerations are less relevant, except for the probability that refugees and asylum seekers are potentially more resilient than the population they leave and, hence, potentially resilient in Britain, compared with the local British population. At the same time, they have often been subject to severe stress: killing of their families, imprisonment, often torture. So, we have to consider the effects of this trauma on their wellbeing. There are, as yet, no aggregate figures for the wellbeing and mental health of refugees and asylum seekers, from different countries and political situations, but we again have the apparent paradox: an emphasis on psychological therapies for a traumatised individual isolated in a new country may be actually less satisfactory than rehabilitation through material improvement on the ground in the post-crisis situation (Summerfield, 1999). But, clearly, this is not often an option that can be pursued by international or national agencies.

Why do migrants choose to migrate? Again, we have little data from the pre-migration situation, but I carried out some interviews in Northern Albanian villages where perhaps every household has had one member who has left for Western Europe, including Britain. Whilst part of the wish to leave seems a general dissatisfaction with the new post-communist state, a general feeling subscribed to by everybody was a sense of 'catching up'. The country is poor, predominantly agricultural, with little chance of moving beyond subsistence living. With new access on visits to the local town to Italian television networks, what strikes everybody now is the gap between their harsh rural life (cooking on a wood fire, no piped water, electricity or sanitation) and the apparent luxuries they see on television that seem to be provided for everybody – cars, refrigerators, cookers and so on. These others are seen consequently as happier. It is the gap between their own lives and what they see of the west that concerns them, whereas previously they seem to have just been concerned with a sufficiency of food and fuel (Littlewood, in press). An improvement in moral values is seen as following inevitably: capitalism is regarded as a set of values rather than an economic system.

This emphasis on a gap – now in perceived and potential expectations – fuels a sense of dissatisfaction where previously there was no idea of a sudden change in personal circumstances. "The country is finished, we must leave" say all the Albanian villagers, and the remitted monies from those who have gone fuels further attempts to leave. Similar (but less extreme) views were found among West Indians in Caribbean villages in the 1980s. It seems that this gap between the actual and the desired (seen to have been achieved by others) is relevant to minority groups in Britain (Littlewood and Lipsedge, 1997). And objectively, inequality seems to go along with poorer health and lower economic growth which would presumably impact on 'wellbeing' (Helliwell, 2003).

It is for the econometricians and social psychologists to determine whether this gap between what one has or can do, and what others have and can do, is relevant to wellbeing: what economists term 'diminishing marginal utility' (Frank, 1991). Back perhaps to the local politics of invidia.

7. Conclusions

One: The determinants of 'wellbeing' probably vary widely, beyond a certain minimal degree of material sufficiency and physical health.

Two: 'Wellbeing' might well be couched in communal and moral terms, rather than psychological and material satisfaction. But we need to distinguish public (usually male) views from private.

Three: A sense of dissatisfaction will be related to the gap between aspirations (perceived as achieved by others) and personal achievement. Hence, comparative not absolute measures.

Four: Reducing anomie through collective action, such as religion, may be significant. However, it is not clear whether religious observance really benefits wellbeing.

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